

Like Minds: A Case Study Of Child Protection Workers' Shared Values

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Abstract

Although child protection practice is highly structured and regulated, to a great extent, workers must exercise substantial discretion in the case management decision-making process. This case study explored the values and beliefs of a four member team of child protection workers that practiced in a small rural community in Northern British Columbia. Contrary to the provincial trend of rising case loads at the time, this team of child welfare practitioners were highly successful in maintaining children with their families and in their home communities. The intent of the case study was to explore the values and beliefs of this team of practitioners that brought about an alternative approach to protect vulnerable children and support at risk families.

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And to my beloved Catherine: Thank you for who you are and for how you move in the world. "Now we play!"

Dedication

I dedicate this work to my father

Thomas Earl Congdon Senior.

It is from him that I have learned

The value of education,

The experience of unconditional love,

and the preciousness of family.

His own life is a testimony to resilience and courage

And I have been honored to have shared it.

Chapter 1: Introduction

The Gove Inquiry into Child Protection in British Columbia (1995) was established to investigate the 1992 death of five year old Matthew Vaudreuil. It was a thorough, far-reaching investigation that critically examined the entire child protection system in British Columbia (BC). The inquiry process received significant attention from the media across Canada. The final report released in 1995 consisted of two volumes, the first containing findings relating to Matthew Vaudreuil's case and the second containing a report including 118 recommended changes to the organization and delivery of child welfare services in BC.

Judge Gove concluded that Matthew Vaudreuil's death was, in part, a result of a philosophical shift undertaken within the Ministry of Children and Family Development (MCFD) from child centered to family based practice, which promoted the belief that children are better served by remaining with their families. Judge Gove deduced that had the ministry's decisions for Matthew Vaudreuil been made from a child focused orientation, the safety and well being of Matthew would have taken priority over family reunification (Puklingtam & Ternowetsky, 1997). This report led to changes in BC's child protection legislation resulting in the *Child, Family and Community Service Act* (1996). The new Act articulated six key factors that must be considered when a decision is made in the "best interest" of a child, with paramount consideration being given to the child's safety. In addition, Gove also called upon the ministry to adopt a risk assessment approach to case management decision-making (Gove, 1995).

The concentration on "risks" as the primary locus of decision making has resulted in a "take-no-chances" approach to case management decision-making (Anglin, 2002).

From this practice stance, any degree of assessed risk would result in an out-of-home placement for the child under investigation (Krane & Davies, 2000). In fact, the number of children in government care of the Ministry of Children and Family Development (MCFD) post Gove has more than doubled (Ministry of Children and Family Development [MCFD], 2000). In 2000, there were 9,523 children in care of the province, with 4,500 of them in continuing care¹ (Palen, 2000). By March, 2001, the number of children in care had increased to 10,775 children, a figure that on a per capita basis was approximately 20 percent over the national average (MCFD, 2002, p. 30). Not only does an increase in the number of children in care present a huge drain on the provincial financial coffers, but more and more research confirms that children in care experience greater difficulty in adult life.

Youth leaving foster care face enormous challenges in building successful lives. They are less prepared educationally, have a harder time embarking on a productive career, are more likely to abuse drugs and alcohol and are more likely to be involved with the legal system. (Wertheimer, 2000, p. 1)

Significance of the Project

This study is timely in that it looks at the beliefs and values of a team of social workers that contrary to the provincial trend of rising case loads at the time, highly successful in maintaining “neglected” children with their families and in their home communities. An understanding of these core values and beliefs will provide further

¹ Continuing care refers to the complete severing of parental rights, which is achieved through the courts and places children in the care of the government until age of majority is reached or until an adoptive home is found.

insight into how to better inform child welfare practitioners about the impact of their assumptions, beliefs and values on their practice.

Rationale for the Project

I have been interested in and committed to strength-based and community-centered practice in child welfare for some time, always wondering how communities could be the heart of what we do. For the six years I worked in child protection and for all of my thirty years of direct social work practice, the life long and profound effects of children being separated from their families has concerned and challenged me to find better ways to provide services to vulnerable children and families. While it was clear to me that some children were not safe in their home environments, it was equally clear to me that long-term corporate parenting² resulted in creating its own trauma for children. The trauma included an inability to attach to significant others and a lack of consistency of care, as children who remain in care are often moved several times (Gordon & Schroeder, 2002; Reid, 1997; Roberts, 2002). Research indicates the outcome of long-term foster care is dismal, citing over 60% of homeless people as being former children in care as well as 80% of incarcerated people as being former children in care (Fuchs, 2002).

My theoretical foundation, that is the context within which I undertake this project, is firmly grounded in critical theory, including feminism, anti-oppressive theory, and structural social work. As a woman committed to structural social work practice, I thought it important to determine the core values and beliefs that brace strength-based and community-centered practice in child welfare directly from the field. I believe it is

² Corporate parenting refers to the provision of parental services by the government.

crucial to continuously examine our values and beliefs in order to remain true to this type of practice. With the degree of discretionary decision making that exists in child protection practice, it is imperative that social workers be consciously aware of their values and beliefs and have a cognitive understanding of the way these affect their practice. Likewise, it is essential to general practice that there be an ongoing study of values and beliefs within the framework of social work practice to enlighten general practice and to provide direction for policy.

Statement of Research Question

The specific questions directing this research project are:

1. What are the values, beliefs and skills that direct child welfare practice in a family focused system from your experience?
2. What training, if any; do you feel may have contributed to your approach to child welfare practice?
3. Has the role of your supervisor and organizational structure had anything do to in shaping or/and influencing your style of practice identified.

Organization of this Project Report

In this chapter, I presented the significance and rationale for undertaking this project. Chapter 2 places the study in context by providing an overview of the literature on the values, skills, and beliefs that are common to the profession of social work, the role of supervision in shaping child welfare practice, and the northern and remote context of social work practice. Chapter 3 presents the case study design and methodological framework for the project including a discussion of the ethical considerations. In Chapter 4, I describe the case and present the research findings. Finally, in Chapter 5, I conclude

with a discussion of the implications of the findings for child welfare practice and social work education.

Chapter 2: Literature Review

In order to frame the issues that provide relevance and background to the project, an extensive literature review was undertaken. The review encompassed an analysis of the literature on the core values and beliefs that are common to the profession of social work and child welfare practice, and the role of supervision in shaping child protection practice. Because this project is looking at the values of one particular child protection team based in a small northern community, I also reviewed the existing literature on northern and rural values in social work practice. The review of the literature on values is subdivided into a general discussion on values in social work practice, values related to child protection work, and values related to northern and rural social work. This is followed by the literature review on supervision and leadership.

Values in Social Work

It is possible that the researching of values in social work coincides with the resolving of the struggle since social work's inception in the late 1800s to be declared a valid profession in its own right. With the understanding that social work was value laden, there began attempts to define what in fact values were in relation to social work and its practice. While searching for a common base in social work practice Bartlett as cited in Bisman (1994) stated:

Values...refer to what is regarded as good and desirable. These are qualitative judgments, they are not empirically demonstrable. They are invested with emotion and represent a purpose and goal towards which the social worker's action will be directed. (p. 45)

Confirming Bartlett's earlier statements, Reamer (1999), considered as one of the most prolific writers on values, states:

Values have several important attributes and perform several important functions: they are generalized, emotionally charged conceptions of what is desirable, historically created and derived from experience shared by a population or a group within and they provide a means for organizing and structuring patterns of behavior. (p.45)

Such definitions illuminate the fluid nature of values. This fluidity is both in the lack of ability to always define values and also the fluidity that values change according to the nature of the populations. Values are also influenced by the social mores of the times (Banks, 1998).

There is an ongoing recognition in current research that suggests social work practice has been molded and shaped by values over time. Noble and King as cited in Mattison (2000) refer to social work as being more concerned than other professions with the values that give direction to its efforts. Bisman (1994, p. 116) was able to encapsulate the magnitude of the effect of values in social work practice in her statement, "whenever two or more values are activated, it is unlikely that a person can behave in a manner that is equally compatible with both of them." She further quotes Siporin (1982, p. 64) who said "social work is a normative discipline that deals with moral values and social norms with conduct that is socially good, obligatory and normal, or that is bad, offensive and deviant."

Zastrow (1994, p. 64) describes social work as "an art and a science." He deduces from this understanding, that social workers are frequently required to make decisions

based on values rather than knowledge. Recognizing that decisions will be made based more on values than knowledge indicates that different values will produce different decisions.

The ongoing recognition of social work as a value based profession has resulted in the acknowledgment and consideration of values in social work theory, practice, and philosophical and ideological studies pertaining to practice (Bisman, 1994; Zastrow, 1994). Values are seen as being separate but interactive components of the decisions and actions of the profession (Bartlett, 1970; Robbins, Chatterjee, & Canda, 1999).

Because social work is an especially value-based profession, social workers have developed ethical codes of practice (Carr, 1999; Hardina, 2002). These codes of ethics usually consist of a list of value-driven ethical principles relevant to the practice social workers are expected to adhere too. In other words, ethics are seen as offering directives for action derived from the desired outcomes while values are statements of an ideal that we try to achieve (Hardina, 2002). However, some authors in social work literature have expressed a skeptical view of the general value of codes of ethics claiming that while the codes tend to imply that professionals are given their ethics, it is at least as true that professionals bring their own individual values with them (Banks, 1998; Dolgoff & Skolnik, 1992). Thus, professional social workers need to be aware of their own values and belief system, and how this might effect the decisions made in their practice. Moreover, given the importance of supervision in child protection practice, it is equally important for supervisors to increase their level of ethical consciousness.

It must also be concluded that in some regard, social work values will be influenced by geography. Historically, Canada has held traditional values that include

sharing, tolerance, and communitarianism. These have provided the ethical framework for the humane approach to the delivery of Canadian social services (Andreae, 1999). Thus institutions and programs based on these values will inevitably shift as the values and ideologies of a country shift. From a Canadian perspective, Andreae (1999) writes:

Shared values form the core and the soul of a nation and its people. Therefore it is imperative for social workers at every stage of their career and in all fields to become aware of the importance that Canadian values have played in formulating a unique approach to social policy, to understand the relevance of Canada's values to every day social work practice whether working in a counseling office or a hospital, working with groups in communities, designing policies, or administering programs. (p.382)

The importance of values in social work can not be considered any less vital than the policy and procedures that molds and guides the work. Research suggests that knowledge of the policies and the skills to do the work may not in and of itself define competent social workers. Rather, the importance of values in social work is indisputable, for values represent a fundamental working element in social work practice and ethics (Linzer, 1999; Loewenberg & Dolgoff, 1992).

The Complex Role of Values in Practice

So intricately intertwined are values with the practice of social work, they are addressed in the National Association of Social Workers Code of Ethics (NASW, 1999). The five core values outlined in the NASW Code of Ethics are service, social justice, dignity and worth of the person, importance of human relationships, integrity and competence. This constellation of core values and the principles that flow from them

must be balanced within the context and complexity of the human experience (NASW, 1999). Yet the relationship between values and the practice of all social work is complex.

As Munson (1993) states:

In a sense, workers are surrounded by values: the workers own personal values, the worker's professional values, organizational values, the client system values (the values of the client as well as those in her or his environment such employers, friends, relatives, etc.), and societal values. (p.84)

Bisman (1994) further asserts that in light of the normative nature of social work practice, social work can not possibly be value free. According to Bisman, "upholding specific belief systems and value orientations, social workers are employed by agencies reflecting certain value positions and they intervene with clients who have their own beliefs, values and traditions" (p. 45). Such realizations make clear the intrinsic role values play in the applied practice of social work.

In the following quotation, Downie and Loudfoot as cited in Shardlow (1989) identify some of the loci of potential disputes about values:

...complex value judgments are generated by the questions of whether there are special skills which it is possible for a social worker to acquire, and if so, what manner it is permissible or desirable for him to exercise them. Finally there are questions of value raised by the direction in which social work is or ought to be evolving and in particular, whether it ought to become more or less 'professionalized' or 'institutionalized'. (p.3)

Specifically within the discipline of social work, Reamer (1998) reports that the profession:

...must intensify its efforts to educate students and practitioners about ethical issues and standards and ways to address them. Social work education programs should implement ambitious agendas to offer in-depth and comprehensive instruction and research on ethical dilemmas and standards, ethical decision-making strategies, risk management and ethical misconduct. (p. 496)

In summary, the literature demonstrates that social workers are influenced by professional roles, practice experiences, individualized perspectives, personal preferences, motivations and attitudes. However, through reflective self-awareness social workers can recognize their value preferences and be alert to the ways in which these values unknowingly influence the resolution of ethical dilemmas.

Values in Child Protection

In reviewing the role of values in child protection social work there is little doubt that the worker is placed in a very complex position in his or her role. When one considers the nature of child protection work, that of being in many cases the life and death of a child; one can not help but be intimidated by the role values play in making the decisions regarding this work.

Hepworth and Larsen as cited in Meinert, Pardeck, and Sullivan (1994, p.85) outline what they refer to as the “four cardinal values of social work.” They cite the rules as “affirming problem solving capacities and seek determination; affirming uniqueness and individuality; assisting in the development and utilization of social resources; and affirming the worth and dignity of clients” (p. 85). However, they freely admit that adherence to these values is complicated in an applied setting and state that in child

protection, the ability to support and fulfill work related to these values is extremely difficult.

I would argue that in the past a child neglect/abuse investigation did not support these values and although practice shifts encourage such support of these values, it remains a struggle for many child protection workers. The work of post investigation family service social work requires a creative and committed conscious effort to ensure these values are a part of practice. Perhaps there is no area in social work that requires more vigilance than that of child protection. Child protection is a field that almost constantly will be shaped and molded by the values of the stakeholders and those involved. Situations identified as children who are at risk of harm inevitably can push the emotional buttons of child protection workers, as they would most people. However, the child protection worker is required to make the decisions to protect the child and such focus can lead to decisions determined according to policy, but deeply shaded by the personal values of the workers.

In addition, child protection services are managed from bureaucratic public systems that require workers to always be mindful of the goals of the agency and in fact, as Abbott (1988) states:

...the values and interests of any individual workers or clients are subordinate to and shaped by organizational policies that take precedence and are enforced by a collective power greater than the power of either the individual worker or the client. (p.5)

In a child protection setting, the global values of the agency or ministry responsible for the welfare of children can often create great angst for a worker left to

make decisions for an individual family whose individual circumstances trigger the personal values of the worker. In their analysis of social work education in Canada, Westhues, Lafrance and Schmidt (2001) have identified conflict with bureaucracies as a way in which social workers can experience value conflict. "Social workers can be consumed by the needs of large bureaucracies and this erodes professional autonomy and social work values" (p. 40).

The role of child protection is made more difficult by several layers of rejection by those who do the work. First, child protection is rejected by the clients who do not want their lives circumvented by a social worker. Second, colleagues often feel and state that this child protection work is the lowest kind of social work. Third, the community does not want to hear about the abuse of children and hence rejects what information it receives, effectively abandoning the social workers who do the work.

Moore (1993) defines child protection as both a professionally dangerous and complex arena to work in. Within the framework of child protection social work, there is the incredibly difficult task for workers of remaining unemotional and detached from the abuse and neglect of children. It remains a daunting and ongoing task for workers to ensure that they do not place their own personal values on clients who are accessing services and that they do not create a standard of practice based on their own value system, hence forcing persons accessing services to adhere to a standard that varies from social worker to social worker.

In summary, the values of the bureaucracy and of the communities often create difficult frameworks for the individual child protection social workers who are also influenced by their own values in their decision making. Decisions to separate children

from their families are made more complicated by the conflicting reviews of communities and the ministries and agencies charged with the supervision of child safety. Also, the individual worker's values can play a major role in the outcome of decision making and while they are often in conflict with the bureaucracy, they also can result in very different decisions that will have lifetime effects on children and their families.

Northern and Rural Context of Social Work Practice

While few would debate the existence of cultural values, the concept of the north having its own values is somewhat less well known. Still, several researchers have addressed the subject of northern values. Turner (1999) states:

Social workers trained and comfortable within that southern cultural milieu might be expected to encounter difficulties when moving to a remote northern community to practice in the context of a different world view, values and traditions. (p.350)

One of the most significant descriptors of working in the north can be found in the work of Zapf (1993) who speaks of northerners viewing the context of social work practice as a homeland they value rather than the hinterland conceptualized by those living in the south.

This reality has implications for both the social worker and the client. The social worker often sees the community as small, backward, poor and in need of the southern enlightenment. At times, they arrive in culture shock and are never quite able to recover. They end up putting in their time and leaving as soon as possible. For the community, 'outsiders' are not trusted; they are an unknown entity and must 'prove themselves.' The members of the community are more suspicious and wary of new social workers given

the fact they have often endured years of social workers attempting to change their very culture or they are suspicious from years of revolving door social workers who come and stay a short time.

Schmidt (2000), who has also completed extensive study of northern practice, feels that social workers unaccustomed to the north struggle with both fitting into the community and fitting their professional values into the style of practice that occurs in the north. He feels that the fact that social work was developed in large urban milieus and also is, for the most part, taught and instructed in those same large urban centers, has helped in fueling this struggle. Schmidt offers that small communities do not afford the anonymity of urban areas, or the multitude of professional resources. If social workers are unable to change their personal view of what constitutes resources to include family and neighbourhoods, they will have a very difficult time with the work. Schmidt (2000) uses the analogy that while a dentist can do his work with the same tools wherever he is, and an RCMP officer can provide the policing services in the same way as he did in Vancouver, social work, because of its value laden nature, is more challenging for social workers. The overall lack of recognition of the role values play in practice that is neither recognized nor taught creates issues for both the worker and the communities they are expected to serve.

This theory is confirmed by Turner (1999, p. 350) who states “social workers trained in and comfortable within that southern culture milieu might be expected to encounter difficulties when moving to a remote northern community to practice in the context of a different world view, values and traditions.” When social workers arrive in the north and are from a large urban southern city, they are often overwhelmed by the

lack of anonymity, the lack of resources, and the lack of people to make social connections. As well, they can often alienate community members because they lack the knowledge of northern values and culture that will direct their practice. Often they leave in frustration and discouragement, driven out either by isolation or a sense of failure. If they can weather the storm, stay long enough and immerse themselves in the community, they can do great work and find themselves both respected and included as a member of the community.

In summarizing northern values, the lack of recognition by social work teaching institutions that northern values exist makes the transition for those trained in the south to work in the north more difficult. The values of communities and individual families are often a critical part of how child welfare decisions should be made and these values are different in rural, northern communities.

Social workers are not prepared often for the suspicion of the community which does not welcome them immediately due to years of transient workers. Workers must find a way to be part of the community and can not live the anonymous lives the large southern communities afforded them. Northern people expect those in the community to be a part of them, this includes the workers. Separating one's professional life from their personal life is more of a challenge in a small community. It is not uncommon to find oneself in a church or a social group with a client. Workers who have children will inevitably be thrown together with families of clients at school events. It takes practice and time to find a comfort level that works in these situations. Smaller communities depend on family and neighbors; they conduct business, even child protection business in

a less formal way. It is imperative workers be sensitive to the lack of privacy in a small town and hence make every effort to protect a family's confidentiality.

The Role of Supervision in Child Protection Practice

The importance of the team leader or supervisor of any group of practitioners is critical to the functioning of the team members and the outcome and style of the practice of the office. The character and the values held by the supervisor play an enormous role in success, or lack thereof, of the team. Hughes and Pengelly (1997, p. 23) state "though there is little formal research on the effectiveness of supervision, we would suggest that for most staff in caring professions, the impact for good or ill is palpable." While there has been extensive research on leadership, this literature review was conducted seeking the information relevant to leadership in social work and supervision in child protection.

Larson and LaFasto (1989) summarize three consistent characteristics of leadership. These include establishing a vision, creating change, and unleashing talents. The concept of creating a vision suggests the notion of an office being "family focused," or "community focused" as a team rather than as individuals. A vision spearheaded by the team leader would not necessarily be that of the team members.

In his discussion concerning the requirements for a successful community-driven approach to practice, Warf (2002, p. 59) states it requires "a supervisor...who can provide leadership both by modeling this approach to practice and by "protecting" workers from the barrage of contradictory demands of organizations." The supervisor becomes and needs to become the buffer between the management and the team. Such a role can be difficult and demanding. Taking on such a role means the team leader must take a lonely and unpopular stance on behalf of the workers against management. It will mean owning

decisions, unpopular decisions to management as a means of allowing the workers to continue their work unfettered by bureaucratic demands.

Reamer (1999, p. 168) discusses the liability of supervisors and states “supervisors are responsible for the actions or inactions of the people they supervise and over which the supervisor had some degree of control.” For many supervisors in child protection, this responsibility results in their supervision practice being controlling and primarily risk averse. They often hold the reins of their power tight enough that there is no discretionary decision making for the child protection worker and no opportunity for the supervisor to be questioned by management for a worker’s decision.

It takes courage and solid practice skills for supervisors to provide the kind of supervision that will support good practice. As Shardlow (1989, p. 139) states “the ethos of social work in social work agencies remains predominantly one of guidance, support and advice. Only if the discourse of action were palpably inappropriate would management supervision turn into management command.” While this may be true for social service agencies, the nature of child protection work as being risk oriented has meant for many that supervision is far more watch doggy and cover-your-butt than supportive. The personal values and skills of the supervisor are very influential to what the team becomes and how it functions.

Hence, research supports that supervisors of child protection social workers are critical to the outcome of practice. Their own values will inevitably dictate the work that is done by those supervised. In a system of child protection where discretionary decision making is inevitable, values are what direct such decision making. If a supervisor can not accept the decisions of the team he/she supervises, workers will not feel supported and

will often be frustrated to the point of leaving a certain office. A lack of a meeting of the minds between a child protection worker and the supervisor had been the demise of many a good worker.

Conclusion

Based on the review of the literature, social work is considered a value laden profession and all social work is practiced from a value base. However, it is an arena where the values of the social worker, those of the system, those of the broader society and those of the client may be differing and sometimes conflicting for a number of different reasons. Even the geographical area where one practices can shape or challenge the values of the social worker. Given this already complex situation, child protection social work is further complicated by the nature of that work and the shifting emphasis given to that practice in the light of political and cultural realities.

This literature review sets the scene for examining the practice of child protection in one rural office in BC. I was a member of that team and was aware that we practiced in a way that was different from many other offices. The practice of our office kept children safe but out of the care of the MCFD at a time when apprehensions were escalating. With the new emphasis on keeping children out of care I wanted to examine our practice to add to the knowledge of what values and beliefs inform practice that is community or family based.

Chapter 3: Case Study Design and Methodology

Given the exploratory and descriptive focus of my research questions, this project is documented as a case study. Patton (1990, p. 54) describes case study as “an in depth form of research that may focus on an organization, a time period, or a community.” Stake (1995) further indicates that case study is an empirical inquiry that is most appropriate for dealing with critical problems of practice and extending the knowledge base of education.

Locating the Case Study in Qualitative Inquiry

In this research project, the case was a small team of child protection workers based in a rural office near the community of Prince George. In addition to interviewing three child protection workers that comprise this team, I also reflected on my own personal experiences as a member of the team from February, 1999 to September, 2001. Hence, I employed a modified case study design. “The principal component of a modified case study approach is the researcher’s critical reflections and analysis of a specific practice experience” (Hemmingway, 2000, p.7).

Research undertaken within qualitative inquiry is diverse; however, there are several common elements that characterize qualitative research across a range of methodologies including a focus on the participant’s perspectives, emergent and flexible processes and methods, inclusive orientation to “data,” preference for field-based inquiry, development of dense and thick description (i.e. fewer “cases” explored in greater depth) and an orientation to understanding phenomenon rather than explaining phenomenon or defining objective “truth”(Creswell, 1998).

All of these characteristics are congruent with the emphasis on values and beliefs, the aims of qualitative case study inquiry, and my personal “critical” orientation to research. In particular, qualitative approaches focus on the perspectives of the participants and the meaning that they attribute to the topic of inquiry. As I am curious about the team member’s values and beliefs, community and strength-based approaches to case planning and decision making, and the transition between the two, I must situate myself within a research paradigm that encourages discourse, description, and interpretation amongst the participants themselves.

A second desirable attribute of qualitative inquiry is how the researcher is cast in an active and participatory role within the research. She is a resource, an instrument for the collection of data and must commit to a process of self-scrutiny or reflexivity in the course of the research. As my personal learning style is that of a research-practitioner, with a heavy emphasis upon mindfulness and reflection in my practice, it is essential to adopt a research approach that allows me to bring myself into the inquiry process.

A third reason to situate my research in qualitative inquiry is that the research process itself is emergent; theory, methodology, and method may evolve in response to and in the course of the research experience. Qualitative inquiry offers the researcher a diverse range of methodological options that can be drawn upon, combined and evolved to best reflect and capture the learning opportunities available within the inquiry (Cresswell, 1998; Denzin & Lincoln, 1994; Reinharz & Davison, 1992).

Qualitative inquiry is most congruent with the aims of feminist inquiry and research. Feminist literature is highly critical of the (Caucasian) male-dominated positivistic, rational, or quantitative paradigm due to its intent to generalize experience,

find universal truth and minimize difference and complexity. By contrast, the aim of qualitative inquiry is to enhance understanding, which is compatible with the feminist desire to understand the lived experience of women in all its complexity and diversity without any intention to uncover a universal truth about experience or phenomena.

The qualitative paradigm seems best suited to the development of greater understanding about the role of values and beliefs in shaping child welfare practice. It not only creates the opportunity for us to learn about values and beliefs, but also about how practitioners make sense of their experience—what meaning they attach to it and how they view it. The qualitative paradigm will enable me to develop a more direct and authentic representation of the experience and its significance in the real practice world of child protection workers.

Defining the Case

According to Adelman, Jenkins, and Kemis (1983), the decision to focus an inquiry around an “*instance*” is what makes an inquiry a case study. The unit of study then was the child protection practice experience of four child protection social workers from February 1999 to August, 2000.

Data Collection

Data for this study was collected from two primary sources; a self-administered open-ended questionnaire and a focus group interview. The idea of employing multiple data sources, known as data triangulation, was used to strengthen the credibility of the study (Clarke, James, & Kelly 1996; Denzin & Lincoln, 1998a, 1998b).

Self Administered Questionnaires

Questionnaires can use closed-ended questions, which require that answers be expressed using a given set of categories, or open-ended questions, which allow respondents to answer freely in paragraph form (Monette et al., 1994). For this research project, an open-ended self-administered set of questions (see Appendix A) was used to collect information from the research participants. The self-administered questionnaire consisted of four questions that were narrative style. The first question was designed to uncover each participant's assessment of their values and how those values drove their practice. The second question asked what values, beliefs, and skills that they held contributed to a community or family focused approach to child welfare practice. The third question asked the participants to define their style of practice that they used in their day to day work. The last question asked what they felt determined a good supervisor and what qualities that supervisors need to be effective.

The questionnaire was e-mailed to the participants on June 12th, 2004. The questionnaires were returned to me by June 30th, 2004. Each participant was advised that they were to use as much space as they needed to answer the questions and that the information would be confidential.

Focus Group Interview

According to Krueger (1994), focus groups provide a social forum, allowing participants to hear and consider other opinions. Developing this emphasis on interaction, Kitinger (1995) writes that "the idea behind the focus group method is that group processes can help people to explore and clarify their views in ways that would be less easily accessible in a one to one interview"(p. 299). Orbe (1998) further notes that focus

groups also are an effective means of promoting dialogue and exchange that can help participants clarify their own ideas and opinions on a subject.

The focus group was conducted onsite in a quiet, enclosed, private outdoor patio of the office. It was carried out as a guided conversation and focused on responses from the questionnaire. The session was audio taped and transcribed verbatim. The session lasted about three hours. The themes derived from the questionnaires were presented for validation and further discussion. I took notes during the discussion; however, the data from the meeting were the words I later transcribed by listening to the audio tape.

I was mindful of the role of the facilitation process in relation to the nature and quality of the data collected and paid close attention to issues of power and domination by keeping track of who spoke and for how long (Vaughn, Schumm, & Sinagub, 1996). I facilitated interaction by inviting each participant to make comments by asking questions like “is this similar to your experience?” I also posed probing questions to draw out different points of view. I asked “how does this experience of oneness relate to your values on this issue?”

I reviewed the themes that had been identified through the questionnaires and as a group we then discussed them. My role in this focus group was participatory, and also as a facilitator. As a means of clarification, I am an experienced group facilitator with many years experience on directing groups and asking questions in an open and non-directive style. I presented to the team members what the identified themes were from the questionnaires. We discussed each theme and the team members either elaborated on or corrected what was presented as the theme.

Following the conclusion of the focus group I gave participants an opportunity to

comment on their focus group experience. Overall, the participants reported that they found the conversation reaffirming of the style of practice they were committed to. I clarified at the end of the session that each participant felt they had had the time needed to respond to the discussion topics and invited them to share more if they felt they needed to.

Data Analysis

Miles and Huberman (1994) state that “we define analysis as consisting of three concurrent flows of activities: data reduction, data display and conclusion, and drawing/verification” (p.10). Primarily, the process of the data analysis was thematic analysis as described by van Manen (1997). According to van Manen, a theme is described as “the experience of focus, of meaning of point” (p.87). He goes on to clarify that themes are the forms by which a phenomenon is captured in an effort to understand it. Van Manen describes several ways of identifying themes, one of which is the highlighting approach. In this process, each sentence is read and significant phrases are identified. These phrases are reviewed for consistent words or phrases that indicate a certain theme. Then each of the participants work is reviewed and common themes among their work highlighted. This then determines the themes for review. This manner of identifying themes was used for this project.

Questionnaire Analysis

The thematic analysis of the questionnaire was comprised of four steps. First, I reviewed the completed questionnaires with the assistance of three additional reviewers. Two of the reviewers were MSW graduates and one was a psychology graduate. A highlighter method was used to isolate key words and phrases. Then themes were

developed based on three pre-determined categories: value, belief, and skills. Some statements were defined as both a value and a belief or skill by participants. Then three separate interpretations of the data were brought together to form one case study record where redundancies were sorted out and a consensus on the central themes was reached by myself and the two reviewers.

Focus Group Analysis

The second level of analysis involved a process of thematic reflection conducted collaboratively with the participants to achieve deeper insights into and understandings of the first-level thematic analysis of the questionnaire. The focus group was conducted three weeks following the completion of the analysis of the questionnaire data. The focus group clarified the questionnaires findings and confirmed or corrected the themes identified by the questionnaire analysis.

The focus group discussion was transcribed and I referred to my own personal notes if any part of the tape was unclear. Thus, there was very little loss of data. The transcribed data was then coded and highlighted in a similar manner as described for stage one above.

Ethical Considerations

The proposal for this study was submitted to and approved by the University of Northern British Columbia's Human Research Ethics Committee. All participants were provided with an information letter and consent form (see Appendix B) that outlined the process and purpose of the study and warned of potential risks. Participants were assured of the voluntary nature of their participation and that they could withdraw at any time without penalty or need for explanation.

Methodological Integrity

For the purpose of this study I chose to use Lincoln and Guba's (1985) four criteria of credibility, transferability, dependability and confirmability.

Credibility

The notion of credibility in qualitative research, involves establishing that the results of qualitative research are credible or believable from the perspective of the participant in the research (Schwandt, 2001). Credibility was enhanced in this study by engaging participants in a focus group to review the findings from the questionnaire, which ensured their answers to the questions posed were not misinterpreted.

Transferability

Transferability refers to the degree to which the results of qualitative research can be generalized or transferred to other contexts or settings (Leininger, 1994). In an attempt to increase transferability in this study, "thick descriptions" were provided so the reader could assess the potential transferability and appropriateness of the presented findings. According to Geertz (1983), thick descriptions are "piled up structures of interference and implications through which the ethnographer is trying to pick his way" (p.7).

Dependability

Dependability is based on the assumption of replicability or the extent to which people not involved in the study can track the research process and determine which raw data were used to reach corresponding conclusions (Schwandt, 2001). I kept detailed records of the data collection process and analysis procedure.

Confirmability

Confirmability is defined as “the degree to which its findings are the product of the focus of its inquiry and not of the biases of the researcher” (Erlandson et al., 1993, p. 34). A range of strategies were used to enhance the confirmability of the study. I stated my theoretical biases within the contents of this report.

Conclusion

This chapter demonstrated that the methods used to collect and interpret data in this study were congruent with the philosophical underpinnings of the qualitative method. The case study design permitted me to gather and interpret data in a manner that suited both the research question and my critical theoretical stance and feminist worldview.

Chapter 4: Case Presentation

The case for presentation is one child protection team from a small northern community in BC. As a member of that team I was aware that our practice of child protection was different than what was typical at the time, resulting in having far fewer children in care than other communities. With hindsight I realized that our practice was worth studying to develop the current shifts in child protection practice.

Setting the Context

To give an understanding of the case I will first provide some recollections of my arrival in the community and child protection team. I will then outline how this experience influenced my own standpoint. As a means of providing context of the participants, I will give a brief description of each team member related to their social work experience and practice.

First Days on the Job

When the plane landed, I remember looking out the window of the plane and wondering what my time in this community was going to be like. I was met by a social worker from the office who would have a significant impact on my experience in that community. Within minutes of starting to drive to the office, he asked “what are your beliefs about taking children into care?” I felt more than a little anxious wondering what the right answer was. I had no knowledge of the mandate or the practice standards of the MCFD and could only offer my personal opinion. I stated hesitantly, “well, my own experience is that children need to be with family members and kept from coming into care if at all possible.” “Good”, the worker stated with a smile, “you will fit in just fine”.

The community I worked in had approximately 5,000 residents with a large First Nations population. There was a great deal of unemployment and poverty with the primary source of income being forestry related.

The next day I was required to present myself to a local law firm to complete the oath required of all Ministry employees. The lawyer had no hesitation in asking me what my views on removing children in an investigation were. I again repeated that my personal opinion was that removing children should always be a last resort. "Great!" She declared "we have a good thing going here that we don't want messed up. Now, raise your right hand."

Part of the training for this work required new social workers to attend intensive education in the work of child protection. Recently hired social workers came together in Vancouver from all over the province. When we would meet again during training, it became clear there were enormous differences in the way we all practiced. We gathered there, all new to our jobs, where we would attend sessions for two weeks and then return to our communities for two weeks. This process continued for twelve weeks. As I settled into my practice and met with other new child protection workers at training, I continued to realize that the style of practice in my office was different than my colleagues in other communities. They spoke of rarely leaving their offices, while I spoke of being directed by my supervisor to drive out to the communities where I worked and "visit the school," or "have a coffee at the community office while you are out there." The time I took to sit with an elder and learn the traditions and the culture of the communities was valued by my supervisor and my team. I soon learned that establishing relationships was seen as

central to the good practice in child protection that all of the child protection workers in my office strived for.

We had an office barbeque every few weeks over the summer, always inviting various community partners to join us. The team leader and the team recognized the value of networking with the other agencies and services in the community. As a result, we formed valuable relationships with the community partners. These events built trust, created more open communication and generally eased the flow of service among those impacted by our decisions.

I volunteered for youth workshops, attended community functions, and worked with the other team members to develop programs that benefited our children. Many of these programs, such as a program for teen-aged mothers, required incredible effort from each worker. Every worker in the office had to transport the young moms from all over the area. This meant making sure there were child care seats, ensuring there were no appointments scheduled for those days, and transporting them home. We all did the work believing that the program would keep the children with their parents and keep them safe and out of the governments care. Young teenage mothers in our area were often isolated even from each other due to the geography of the area. They lacked parenting skills and access to support services. These moms had all been identified as having protection concerns and all still had their children in their care. The program, contracted and taught by a local agency, offered the mothers good parenting skills, budgeting and financing skills, and a chance to network with other teen moms.

One of the unique occurrences in our community was that on the occasions that children needed to come into foster care, for the time frame of the study, 100% of those

children came into care by consent (Yee, 2004). Such action indicates that either the Ministry or the family had confidence that the family could resume care of their children, and a co operative relationship was formed in the negotiating of the consent that facilitated that belief.

The child welfare mandate at the time supported the ‘remove first, ask questions later’ practice that many teams ascribed to. Generally social workers operated from a basis of fear. Matthew Vaudreuil’s death and the subsequent review altered the primary goal of protecting children from risk to be interpreted as protect oneself from risk. There was a clear if unwritten belief that if anything went wrong, if something happened to a child, the worker and the team would be challenged even from their own managers and Ministry. The fact that this team believed so greatly in the value of children remaining with family that they risked a chance of sanction by their superiors, or perhaps a job loss continues to astonish me, and more so since I have done this research and have come to a better understanding of the context of practice.

The Team

The Team’s Experience

For the purposes of providing a context for the research, I will provide some basic information on the team members. I will discuss the team members, both their education and experience and my own analysis of their practice, as it appeared to me while working with them. All of their names have been changed to protect their confidentiality, and that of the community.

‘Tammy’ completed her Bachelor of Social Work from a northern BC university in 1998. She had been working as a front-line worker for two years at the time of the

study. This was Tammy's first child protection position since completing her degree. She is now the team leader in the same northern community where I met her and had six years experience in child protection at the time of the study.

From the day I arrived I admired Tammy as a dynamic and capable colleague from whom I could learn a great deal. More than once she worked tirelessly to have children who were removed in other jurisdictions returned to our community and reunited with their families. She also was passionate in her practice belief that families would and could plan for their children if given the chance. Tammy was instrumental in establishing child welfare committees with some of the aboriginal communities in the area, long before such work was au courant.

'Mark' is the senior worker in the office. He had been a front-line child protection worker for thirteen years at the time of the study. He completed a Bachelor of Arts degree at a university in southern urban BC and his position with the Ministry at the office was his first and only position. He has now been practicing for seventeen years in the same community.

Mark has built relationships with families that span generations. The community trusts and respects him and he has a well earned reputation for honesty and fairness. He was uncompromising in his practice value and belief that almost without exception, there were alternatives to foster care for children. His practice reflected his belief that these alternatives were inevitably in a child's best interest.

'Steven' is the supervisor of the team. He had been with the Ministry for seven years at the time of the study and was hired as a team leader from an eastern province. His professional experience includes a brief time spent as a child protection worker in

another province prior to his job as a supervisor in the northern BC community where we found ourselves working together as a team. At the time of the study he had been a team leader in the community for three years. He has been working now for six years as a child protection supervisor. He has both a BSW and a MSW from universities in Ontario.

Steven jokingly says that he learned how to do the style of practice that existed in the office from Mark, and describes Mark as “relentless” in teaching the supervisor about the value of keeping children out of care. While there may be truth in the statement, in fact as supervisor, he also consistently supported every decision that kept children safe and out of care. As mentioned, given the mandate of the day, these were decisions not generally supported or respected by the Ministry. Numerous times Steven ‘fell from grace’ with his superiors, while supporting us, the front-line workers and our practice styles.

I came to the office from a small rural community with a 13 year background of working in counselling and social work administration. I also had three years of child protection work in an urban city. It was my only other experience as a child protection worker. I had a Bachelor of Social Work from a large prairie university. My previous experience in child protection convinced me that removing children to foster care was at times more traumatic than what they were experiencing in their homes that required MCFD intervention. I continued to be haunted by the removal of a six year girl who was severely neglected and bruised over most of her body by the belt her father hit her with. As I carried her out of her home, she screamed for the father she loved and the home she knew. I could not explain to her why she could not see her mother or why if they were the “bad” ones, how come she had to move to this new and strange house. I also remember

that I moved that little girl three times in two weeks to different foster homes because of a shortage of resources. This experience, and too many like them from my first round of child protection work were the events that shaped my own values and beliefs that foster care must be seen as a last resort and a very temporary one. I also would be remiss not to state that practice had changed considerably by the time I re-entered child protection in 1998.

Findings

In this section I include the discussion of the findings and also a summary table of the findings (see Appendix C). This table is organized according to the subject headings that guided the questionnaire. The second column of the table indicates the larger themes that were generated from the questionnaire responses. The third column presents thematic statements from the participants of the study. Following this initial presentation of the findings, there is more elaboration of the findings citing the participants as well as the literature, using the same initial subject headings: Style of Practice, Values, Skills, Beliefs, Education and Training, and Leadership.

Style of Practice

One of the primary questions that motivated the entire project was whether the team members defined their style of practice in similar ways. The questionnaire and focus group revealed a consistent identification of their practice style. The results indicated two themes. One was family focused practice and one was community oriented. The comments on the questionnaires confirmed that for these participants, a family focused style of practice meant that they were committed to keeping children in the care of their family and also to including family in the decision making concerning children in need of

protection. Community oriented practice, according to these social workers, meant an ongoing commitment to involve community partners in the safety of children.

Family focused. The initial discussion concerning the type of practice that the workers saw themselves delivering was unanimous. Although three of the workers called the practice family focused in the questionnaire, in the focus group the fourth participant stated by way of explanation “I was avoiding the term family focused because it tends to be seen as a bad word around some people who lean to the right in child protection. They are talking about a worker being ‘too family focused’ when they are talking about someone they see as incompetent.” The participant did agree that the nature of the practice in the office was family focused.

Another worker stated he had recently had a discussion with the visiting local judge who asked one of the workers in a casual conversation if the office was busy. The worker confirmed the office was in fact quite busy. The judge stated “I never see you guys in court.” The worker went on to explain to the judge the office value of family focused practice and the office value of keeping kids and families out of the court system as much as possible. The judge replied “I like that, but I don’t see it very often.”

One of the factors that the team agreed contributed to the success of family focused practice was the demographics of the community. In this community, there were generations of extended family available for most family members who might find themselves in a child protection crisis. It was pointed out by one of the team members that although the fact those family members were a resource, without the workers values that children belonged with their families and that families would care for these children, the demographics would not have influenced the practice outcomes.

One of the social workers described the melding of the value and the practice in this anecdote “ RCMP called, dad passed out, mom arrested in police car, two babies on the floor sleeping and a seven year old watching TV on the couch. I told mom I was taking the kids. I could have taken the kids. We discussed if her aunt might be able to take the children. I asked the police to watch the kids and I booted to the aunt’s and said “You have to come get these kids or I have to remove them. She did and the next day we set up a family meeting, the family came up with a plan for the kids and we backed out.”

It is important to note that this is exactly the style of practice that the MCFD is now advocating for use provincially; however, it also points out the discretionary decision making that the worker used to not place the children in foster care. Such incidents will always permit any given worker to use an ‘either-or’ stance. If the workers do not value greatly the use of family, it will still be easier, take less time, and ensure less risk for the worker, to just place the child in a foster home.

Community-based practice. The secondary theme that emerged was that of community based practice. In general terms the study participants described a community-based practice as being one where they saw the use of formal resources such as agencies and schools mixed with the informal resources of churches and neighbors. All participants agreed that community focused, in the end, meant knowing and utilizing the entire community for the protection of children or for the assistance of families. One participant clarified that in some ways, community based practice was also family focused because they identified the community as the family to a large extent.

Fear based practice.

While it is not “their” particular style, a lengthy discussion occurred in the focus group on what the group members called “fear based practice.” Unanimously, they felt that a great deal of child protection work occurs with workers caught in the grip of fear. One focus group member stated “I think fear drives a lot of workers. Fear is the reason that people do this work in an “I’m-not-going-to-get-caught-with-this’ mode.” Another stated “the only way to practice if you are afraid is to remove kids, go to court and let it be the court’s decision.” “Yeah” responded one participant “it is everybody’s decision but mine”.

Values

Three themes were identified in the values question. The primary theme identified was that of respect. Several participants clarified that this meant a respect for the client as well as for cultural diversity. The other identified theme was that of community strength. By way of explanation, the participants felt that the recognition of community strength was critical to a family focused and community based practice.

Respect. One of the primary themes identified in the value question was the need for respect. The participants identified the need for respect as a value in several different ways. One stated that an ethical practice means respecting one’s clients. Another stated that respecting families allows the family to be seen as a resource. One participant stated that respect was shown to families by removing your shoes when entering their homes, even though policy advises against this practice for safety’s sake. In this community, the removal of shoes is customary in light of the fact that few roads are paved and everyone’s shoes are generally covered with dirt or mud. Another participant stated that the only way

for workers to earn a family's respect was to show the family respect in the first place.

Unanimously, the group agreed that empowering families to care for their children was a foremost means of showing respect. Encouraging families to believe they could plan for and care for their children was most respectful and empowering.

Respect for cultural diversity. A theme of respect for cultural diversity was identified. The participants spoke of valuing different cultures as being important to their practice. They worked to understand and know the culture of the area and this has brought them the trust and respect of the community. It has also given them a wealth of knowledge concerning the cultural practices of a group who treasure the care of their family members and hence provide resources for children. It also allows for the practice of customary care arrangements, which keep children in their extended families when their safety is at risk.

The practitioners chose to engage in a non-confrontational style of practice, to reinforce their belief that children should be kept safe while also being kept out of the system and within their extended families. This approach melded well with the traditional cultural beliefs of the community and created relationships of trust that for the most part worked well for both parties.

Community strength. The third significant theme that was identified as a value was that of community strength. The participants all felt that knowing the community and drawing on their strengths promoted their efforts in family focused practice. This process and interaction assists in building relationships that act as a medium for improved family functioning. Tinsley and Parke (1984) state that unlike other network ties, relationships and members of the immediate and extended family have a history of interaction that

provides a foundation for future assistance and aid. The study participants observed that in small northern rural communities where the residents form lasting and close relationships this dynamic ensures the community as a resource.

Other significant points related to values. In the final discussion concerning values one of the participants stated:

“for all the good values that we have, and the things that we recognize and say these are the values that when doing child protection say we want to live up to but we don’t sit around and define our values and say these are the values we want to develop as a team. What we do is sit around and talk about policy.”

Another worker stated:

“you can have different philosophies about how you do child protection and you can have different values with different names but what is fundamentally missing in child protection in BC is that you take a set of values and say: this is how we as a team are going to practice, are going to relate to each other and are going to empower clients.”

The team members were cognizant of and discussed the areas where they had very different values. These differences included religion, their values around different cultures, and numerous other things. However, what they identified as the values they have in common, were their values of “keeping children safe, keeping children with their families and keeping kids out of the system.”

Skills

The identification of skills as part of the questionnaire was an attempt to identify from experienced workers, which, if any, were the skills child protection workers needed

in order to feel competent in their practice and provide excellent service to their clients. There were three skills identified. These included negotiation skills, an ability to engage clients and a confidence to assume risk.

Negotiation skills. When reviewing the questionnaires, one participant identified negotiation skills as a necessity for family focused practice. From the other participants' statements, I evaluated their responses as *meaning* negotiation skills. In the focus group, however, when the concept of "negotiation skills" was presented, only one of the participants agreed. One participant concurred with the basic statement that negotiation skills were a requirement for good protection work. The participant then went on to discuss the need for a social worker to "have a belief that there is more than one way to get to the same goal." The participant stated:

"if you are going to do the kind of work we do, you have to be open to the idea there is one, two, seven, eight who knows how many ways of solving a problem and you have to be open to that. If you do that, you will end up negotiating."

Another social worker stated "you have to be able to let go of control to do that, to be open to different ways of solving the same problem." All three participants agreed with the statement. "The way we come up with an overall plan with the community means you have to be open to other ideas."

Ability to engage clients. The ability to engage clients was also identified as a requirement to successful family focused child protection work. One worker stated "I think that...[engaging clients] is a skill that can not be taught. Well, maybe it can be taught, but I think that somehow you need to be able to engage people." The other participants concurred with the statement.

It was also stated “if you are going to do family focused work, you have to be able to establish relationships. I think that everyone here wants to establish a relationship with the people they work with. We have had people come through the office they had no interest in trying to engage clients or be real to them. Those workers never survived.”

One participant stated “the skill of engaging is one that must be taught at a university level, and maybe they are doing that...but then, you need a lot of time to practice it. The way we are using technology in the work place is undermining the development of the skills to engage clients in the work place.” Another participant’s response to the above statement was “there is a different skill set we are teaching new social workers now. They struggle to learn the software programs, how to fill out all the forms...and they spend all their time in front of the computer.” All three other participants agreed emphatically.

Confidence to assume risk. While it was not noted in the questionnaires, in the focus group the workers identified the need for workers to assume some degree of risk in family focused practice. They agree that the decision to place children with family members then means that the worker is assuming a degree of risk. One worker stated that:

“the nature of the kind of child protection that we chose to do [family focused], you take a bigger risk and run the chance of more going wrong. If you place a child with family, you do not have the same assurance that the child will not be returned home, and hence to the very risk they were removed from, as you do if the child goes into foster care.”

Another worker said:

“You are talking about bureaucratic risk! You may get your hand slapped by a manager or an auditor because you don’t have the computer generated piece of paper to keep you safe. There are other risks. If we take that child and place them up the valley in a white foster home, and then we move them twelve times so that by the time they are eighteen, they have all kinds of attachment problems and are bouncing in and out of jail. I mean, we have the risk of a kid having his life destroyed by our culture.”

Other workers agree emphatically with the statement. One offers, “I think the risk you are talking about is the personal practice risk of not having the government there to back us up.”

Beliefs

Only one primary theme that emerged from the participants concerning beliefs was that of a belief in strength based practice. All of the study participants identified a required belief in the theories of strength based practice as a requirement for family focused work. These beliefs include the belief in family as the best source of care for children and a belief that families can and will care for the children if asked.

Strength-based practice. Identified in their questionnaires and confirmed in the focus group, the participants repeated statements several times about the need to see every family as having strengths. All of the workers concurred that they saw extended families as being both a resource and the *best* resource for children in need of protection, if at all possible. Their concept of seeing the family as part of a team with the social worker that would address the needs of the children is critical to the concept of strength based practice. Saleebey (2002) describes strength based practice as including what

people have learned about themselves, their personal qualities, traits, and virtues that they possess; what people know about the world around them both from their education and from others who have shared their own life experience, their talents; cultural and personal stories; their community and their spirituality.

To believe that families have strengths and to know what those strengths are requires the building of a relationship between the worker and the family. It is the forming of the relationship and the trust in each other that children will be kept safe and wrapped in the love and care of their family. It may be a grandmother, a cousin, an older sibling, but it will provide the child with connection to their blood, their history, and their roots.

Education and Training

The last question of the questionnaire asked participants what, if any training or education contributed to their practice. Two of the participants said the community they worked in was their greatest learning tool; one said a course in solution focused therapy has directed his practice. One said courses in the social work program in university, particularly one on northern and rural practice primarily guided her practice.

Solution focused therapy. The participant who stated that solution focused therapy had assisted his practice went on to explain “solution focused stuff shapes how you look at situations. Workers can look at clients and say “there are all these issues, but I need to look at what are the qualities and strengths they bring to the table. That is a way to step over the cultural barriers. If you stay solution focused, you see all kinds of resources and other things that you can engage in that will keep the child safe and yet out of care.”

In referring to their own experience of solution focused therapy, a second participant stated “my experience of solution focused was that you move everything out of the discussion of the problem to the how do you fix it? I never realized it, but my child protection practice did indeed reflect that process.” When the question was posed “would it then be a good idea for every social work student in child protection specialization to take a course in solution focused therapy?” All of the participants heartily agreed.

One of the participants felt the course she took in rural and northern social work while in university has significantly shaped her practice. The participant stated that this course prepared her for work in a northern community. It lessened the cultural shock of living and working in a small remote community because the participant arrived with prior knowledge of what to expect both professionally and personally. She also felt it made her able to practice more competently from the outset of her practice because she felt familiar with the nuances of small northern towns from the course.

Training. One of the questions in the questionnaire concerned training and asked what training the participants had received that they felt contributed to their being able to practice competently. The question was developed to identify what were the worthwhile training events within MCFD that assisted in developing competence. It would also address the lack of skill training as well.

Two participants addressed the child protection core training as having a significant impact on their ability to practice competently and with confidence. One said, “I could not believe how comprehensive the core training was. It was 12 weeks long, and I really felt the process gave me time to build both my skills and my confidence.” All three participants felt that training in the use of tools such as voluntary care agreements,

special needs agreements and risk assessment tool was valuable in directing family focused practice. These were options that allowed them to avoid the confrontation of contested court. They helped identify family strengths and could be used to develop a family focused practice. The other participant stated that their main training came from the community itself. "The community trained me. I had no other skills when I came here to practice."

Leadership

The last discussion of the focus group centered on supervision and the effect of a supervisors' leadership style on a child protection team. The participants' dialogue identified three themes related to supervision and leadership. They included a need for the supervisor and the team members to share the same values, the need of a supervisor to be a real part of the team, and the need for the supervisor to be able to empower team members.

Shared practice values. An identified theme for three of the participants was the need for the supervisor to share the same practice values as the team. Because the supervisor will influence the practice in their office regardless of the mandate by their own vision, it is imperative that the supervisor be able to support and encourage the team through the sharing of values. If the values are not shared, then the worker's values will inevitably be subordinate to those of the team leader.

In this office, where the style of practice was clearly defined as one that made every attempt to keep children with their families and out of foster care, the work became more challenging when a supervisor was sent for several months to fill in when the existing supervisor left. This person did not necessarily share the values of the previous

team and because they were ultimately the person in charge, the workers found providing service very challenging. The community, who was accustomed to the family focused style of the team, was shocked by the changes. For the three children protection workers who remained in the office, working with a supervisor who did not share the same practice values radically changed the approach to child protection in the office, according to the participants, to one that was far more confrontational. Indeed, when the supervisor's position became available, Tammy applied with the blessings of the staff in order to maintain the status quo of shared values. Tammy stepped up to take the job stating "We were not going to risk another supervisor who doesn't think like we do."

Supervisors who share the same practice values as the social workers they supervise can achieve these goals. Teaching and supporting staff who share the same values creates a synergy that produces solid practice.

Supervisor viewed as part of the team. Two of the participants of the research project are supervisors now and both spoke to the need for supervisors to see themselves as a part of the team of social workers. One stated "you have to have a relationship with your workers where their skills are adding, empowering, and enhancing supervisors. You can't have a strict hierarchical relationship or your supervisors don't learn." The need for trust both from the workers and from the supervisor to the workers was identified as being critical to good practice.

One participant clarified that while there has to be trust between the social workers and the supervisors, there is paranoia among lots of supervisors that they need to protect themselves with a paper trail. In discussion, it was felt that this lack of trust and

the need for a paper trail was more the supervisor's lack of trust in management, rather than in workers.

Supervisors to empower team members. The need for supervisors to be able to empower their team members was also seen as a clear need in leadership for a family focused style of practice. This ability to empower workers provides the worker with the confidence needed to make complex practice decisions and strengthens their confidence and ability to take the risks identified in the skill section that leads to good family focused practice. Also felt to be important in both empowering workers and building trust was the supervisor's efforts at providing a buffer between the workers and management when necessary.

Chapter 5: Discussion and Implications for Practice

This final chapter will discuss the findings and address the implications for social work practice and social work education. There are clear and concise conclusions from the research that bear discussion and recognition. They include the recognition of the need for cultural competence and awareness, as well as a deep and abiding respect for clients and the community. It includes a belief in learning and practicing the skills of empowering clients and families to care for children. As well, I will discuss what I feel the study means for my own practice.

Practice

Warf (2002) has referred to the team that I studied in his research as having a “kitchen table approach” to practice that he describes as the gathering of all professionals and family members at a table discussion that results in a plan everyone agrees to that will keep a child safe. Viewing families and communities as resources greatly increased the options for the children at risk that the team worked with. Holding such value in community and family requires what the team defined as an ability to take a risk.

However, regardless of the support offered by management, a family member not known or trained by MCFD presents as a risk. The risk is two fold. Perhaps the criminal record check on the family member seen as a resource in the emergency situation does not reveal a clear and present danger to a child. Or, perhaps in spite of promising not to, the family member the child is placed with returns the child to the risk they were removed from. For a social worker who makes a decision and then has a child die or be seriously injured; there remains a lifetime of regret or second guessing. They must have confidence in their values and support for them. This support includes that of their

supervisor, manager, and the entire MCFD bureaucracy. That support will be the safety net for workers asked to take these risks in the new style of practice that supports family focused work.

The participants in the study were consistent in their recognition that culture contributed to their success, because they were cognizant that the large base of extended families gave them resources to draw on for children who needed to be kept safe. Nonetheless, it is clear that these child protection workers were committed to practice decisions that led them to seek out the family and include them in planning. These were decisions guided by their values and beliefs.

This team of child protection social workers stated clearly that their values concerning practice included respect, respect for cultural diversity, and a value of community strength. These values drove their practice by facilitating relationships with family members and community partners that produced excellent results for the safety of the children important to all of them. It is important to note that values such as respect and respect for cultural diversity seem somewhat simplistic, however placed within the context of children who are abused or neglected, respect for those involved becomes more complex.

The finding of the study of the team's repeated belief in the strength of families can be interpreted as a belief in the strength of the extended family; however, the fact that within the time frame of the study, 1999-2000, 100% of the children in care in that office were in care by consent agreements (Yee, Conversation, July 2004) spoke to a different kind of belief in family strength. It indicated that the worker also believed that the

caregivers the children were removed from had the strength to recover, change, and resume care of their children.

The officialdom of government regarding services to children is often what some would refer to as dictatorial; the fact is that with child protection, as with most kinds of social work, there remains a degree of discretionary authority. Garner (1998) states:

The extent of the authority granted is directly related to the nature of the service, the complexity and specificity of the legislation, policy and standards, and the official's position in the organization. How it is applied in individual circumstances or work places is impacted by personal, social and institutional values, as well as training, peer values and the evolution of unofficial precedents that have their origins in a need to reduce confusion and promote efficiency. (p. 36)

This discretionary power results in the reality of two separate workers justifying two separate decisions that are contrary in nature, for situations that are very similar. While every child protection worker believes children should be kept safe, their processes for achieving that goal can be very polarized. One worker could be leaving a child within their extended family and not even taking that child into care. Another worker may end up removing that child, attending court and placing that child in a foster home, based on their own values, and those of their team leader's whom they are influenced by.

Regarding beliefs, the study confirmed that along with shared values, beliefs can and will lead a team of social workers to a similar practice. In the community I studied the team's belief in strength based practice (a belief in the family's ability and the right of the community to care for its children) was crucial to the success of the group's practice.

What emerged was that workers shared a belief that knowing the culture and the community is paramount to providing good child protection. The participants in the study categorically emphasized that cultural awareness was a defining point in their ability to recognize the community's capacity. The historical nature of practice in the north is that child protection social workers have always come and gone. Those who stay are few and far between. However, to provide best practice, the social worker's interest in community focused work, in being a part of the community, and recognizing the value of that approach is vital. For this team, the success is evident in the references to how rarely they are in court and how the community is aware both of the style of practice and what works to protect it.

Working collaboratively in a community means that social workers need to be able to leave the office and go into the community (Warf, 2002). They need to be able to spend their time consulting with community members and extended family members. Such a response requires a supervisor and a team mission statement that supports such action.

The importance of values in social work practice is also confirmed by Shardlow (1989) who states:

...there is a direct link between values and actions. When we perform an action we, and the act itself, may be judged according to values expressed through that action. Questions of values run through all of our actions as social workers. (p.2).

This study confirmed that certain kinds of values also played a significant role in the fact that a style of child protection work occurred. The identification of values such as

those identified including respect, community strength, and cultural diversity will enhance the practice of those doing the work.

Regarding team leaders, it is either chance or luck that unites a team leader with those they will lead and supervise. Child protection mandates also make the team leader ultimately responsible for the decisions of the team members. If they do not share the same vision of 'right decisions' there will inevitably be conflict and either questionable practice or disgruntled practitioners. 'Good fits' of team leaders to teams is crucial. Shared values will play a significant role in the success of that team.

Training and Education

I wish to acknowledge here that skills can also be learned on the job. The participants in the study spoke to skills they had learned while they practised and they spoke to the need to be open to learning these skills. Hence, employers need to be seeking out social workers initially who not only have basic assessment and analytical skills but who also have the skill of being able to learn while they work. Practitioners secure in their practice make good candidates for family focused work in communities where they are open to what they do not know and are open to learning. They can also be good mentors to younger workers still trying to find their way.

As MCFD moves towards what they refer to as 'family focused' child protection work, the changing of legislation and policy will not suffice in creating the comprehensive changes in practice. For those being hired, job interviews need to include discussion around the applicant's values and beliefs as well as seeking out their skills which will ensure 'good fit' for practitioners.

Values can change. They change as one matures and moves in the world. They change through life's circumstances and experience. Yet fundamentally they need to be recognised and claimed in order for any change to happen. As long as they are not, that change remains only rhetoric.

This study can assist those who are concerned about child protection practice and those who deliver service. How social workers respond to ethical dilemmas is conditioned by their ability to see the value components as separate from the practice aspects of case details (Loewenberg, 1983). This provides energy and affirmation, permitting more work to be done and for a particular style of practice to emerge in an office.

Matching workers to teams based on shared values is both judicious and sound. The team members provide much needed support for each other and provide a consistent process of service to the community. Working with shared values in such a difficult milieu as child protection can extend the career life of child protection workers by lessening the conflict they encounter daily from at least one source: their colleagues and supervisor. There exists within a team that shares similar values a camaraderie that enhances practice for the individual.

Similarly, the shift is already occurring and many senior social workers were hired and trained to work under a child-focused mandate and are still caught in the paradigm of that style of work. Workshops and re-education could and should occur in order to provide information and encourage a shift in value thinking rather than just a shift in job functions.

According to Holland and Scourfield (2004), there need not be a loss of power for social workers who work to empower families in child protection circumstances. Lupton and Nixon (1999) state “power is not a finite entity. Embattled practitioners may themselves feel strengthened and perhaps to some extent liberated, if enabled to work in more collaborative ways with family networks and communities” (p.29).

In terms of what the study could mean for social work education, the study participants indicated unanimously that they felt a course in solution focused therapy would benefit all child protection social workers by teaching them to focus on solutions rather than historical facts and systemic issues. Also, a continued focus on northern practice is invaluable to those who will work in the north and in child protection. Practice can be enhanced and a placement for workers be made more sustainable when they are encouraged and understand the nature of the north prior to coming to practice. An understanding of the nuances and culture of the north clearly change the way one can practice successfully in a northern environment. Schmidt (2000) states that northern practitioners “need effective community organization skills that are respectful and inclusive of local wisdom, tradition and knowledge” (p. 346). The north is primarily made up of small communities, and new workers are very visible to those who live there. Their knowledge of the communities and their ability and willingness to fit in can mean success or failure.

In terms of education, processes that focused on self-assessment of values would benefit the individuals who intend to practice in the child protection field. Bellefeuille et al. (1997) cautions that it is only within a humane system that accepts the inevitability of human error that workers can seek the clarity and courage of values necessary for this

alternate style of practice. Rigorous and ongoing learning experiences, both inside and outside of practice support the development of discernment and expertise.

Core training needs to be seen as a vehicle to exploring values, and imbedding skills in social workers rather than just systems and policies reviews. In a training situation, values can be examined and explored in a productive and unthreatening way. Ongoing workshops and skill development permit workers to reaffirm their values and beliefs and to challenge themselves, if necessary, to change those not working in the best interest of children. Child protection is difficult and demanding work, and those in the field speak often of their colleagues who seem negative and castigatory as being 'burnt out'. Training can allow one to reexamine their practice and re align their values if need be.

Moore (1993) states "the child protection setting is not only a complex arena to work in, but it is also professionally dangerous. Supervisors have to help workers survive by giving quality supervision and ensuring they have a good knowledge base and an array of skills." Empowering workers can create environments that ensure good practice and reduce risk to children and their families.

Robert Watts, Director of Child Welfare North Region recently stated that good clinical supervision occurs when supervisors are able to facilitate their team members' decisions in practice by conquering a struggle with personal values. Watts states that this kind of supervision recognizes the role values play in practice and leads to homogeneous decisions in spite of personal values that might interfere with standardized practice. (Personal communication, August, 2005).

It appears that the important role of a supervisor's values and the role that will play in the practice of the team are becoming more recognizable and the profound influence of values in practice a viable concern for ethical and productive practice. The empowering work expected of supervisors can only occur in environments where there exists shared values and like minds.

My Personal Learning

For me, the study has provided great insight into the need for child protection workers to be instructed around values and for them to be aware of their own biases and beliefs that may affect their work. At present, I am involved in the training of social workers on an ongoing basis and in designing curriculum, I plan to add instruction and exercises on values and beliefs and how they determine practice outcomes.

On a more personal note, I feel validated in my assumptions of a year ago that values did indeed direct the practice of the child protection team I was a part of. That said, I continue to stand in awe of their incredible efforts on behalf of children and their community. While the rest of the province struggles to incorporate the practice shifts leading to family focused work, this team feels the work they have been doing for years is finally being validated. For the team who participated in this study and for me, family-focused practice is a good fit with our own values. It infuses hope into our belief that children can be cared for by their families and communities and remain out of the child protection system that has devastated so many.

Child protection is a necessary and righteous work. Those who do the work are to be commended for every day stepping up and making the difficult decisions for children who are unable to make them for themselves. However, they need to be responsive to the

role their values play in these life altering decisions. The study has magnified my deep and abiding respect for child protection workers, and for the managers and directors who work tirelessly to ensure competent and meaningful practice.

I was curious to study my team and our responses to the work, and that curiosity has been resolved. I was not however prepared for the incredible personal learning that has occurred throughout this work. I have a deep understanding of how personal values can affect practice, both positively and negatively. On every given day I am far more aware of my own personal values and how they effect my day to day decisions. The study has made me resolve to always operate from a stance of knowing and assessing these values.

Since I began this research, my work has changed. Ironically, I now work to find permanent homes for the many children who are trapped in the child welfare system until they are adults as a result of their parents' rights being severed. My values are evident and clearly drive my practice in the sometimes tedious and difficult work I do to ensure no family members are available for those children before an adopted home was found. I continue to find family members who can and will re establish connection and provide loving homes for the children they considered lost. While the work is rewarding, it is sad to see so many circumstances where it appears there were family members available for so many children right from the time they came into care. This research leads me to help other workers challenge their own values and understand that often extended family is available for our children.

Conclusion

Practice will continue to evolve. During the evolution we often see past decisions as “mistakes.” My values and beliefs, my education and learnings through this study have empowered me, filled me with passion and clarified for me the need to continue to work to connect children to their families, their culture and their communities.

One of the most profound changes in child protection in the past several years is that it has become a career path unto itself. It is no longer the job young social workers take until they can move on. The child welfare specialization offered in BSW programs in university has given child protection a credibility it has never been able to capture until now.

I believe the universities teaching child welfare specialization need to educate students about values and their profound effect on practice.

MCFD human resources and management recognize that values will ultimately affect practice; however, a strategic and conscientious plan to incorporate the role of values in every worker's practice needs to ensue.

And lastly, every social worker employed by MCFD, regardless of their position must be challenged to know their personal values and understand how they affect practice. They must also reflect and confront their values in an ongoing reflective learning process that will ultimately ensure the best possible efforts on behalf of children and families.

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Appendix A

Self-Administered Questionnaire

4. What are the values, beliefs and skills that direct child welfare practice in a family focused system from your experience?
5. What training, if any, do you feel may have contributed to your approach to child welfare practice?
6. Has the role of your supervisor and organizational structure had anything do to in shaping or/and influencing your style of practice identified.
7. What, if any, would you use to describe your basic practice style? i.e.: feminist? Structural? Community based? Etc.

Appendix B

MASTER OF SOCIAL WORK “PROJECT” INFORMATION LETTER AND INFORMED CONSENT FORM

The purpose of this information sheet and informed consent form is, first to inform you about the research project that I am completing for my Master of Social Work Degree at the University of Northern British Columbia and, second to outline your possible role in the project.

Researcher: Brenda G. Lewis, Master of Social Work student
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Supervisor: Gerard Bellefeuille, Social Work Professor
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(250) 960-6437

Thesis Title: Like Minds: A Study of Child Protection Workers’ Shared Values

PART 1

INFORMATION ABOUT THE RESEARCH PROJECT

Purpose: The purpose of this project is to explore how the values, beliefs, and attitudes that were held by one child protection team influenced their practice as child protection workers.

Risks and Benefits: There are no known risks associated with participating in this study. In terms of benefits, I hope that the study will help practitioners to recognize that how one defines practice will be shaped, driven, or affected by what they want to achieve or create. This knowledge will also inform social work education.

Participants: You have been invited to participate in this research project because of your membership in a team of child protection workers who practice from a non-traditional child protection perspective during my involvement with the team in 1999.

Voluntary Nature of Participation: Participation in this project is completely voluntary and you may withdraw consent at any time. In agreeing to take part in this thesis project

you will be asked to complete a questionnaire and participate in a two 2 hours focus group interview.

Anonymity and Confidentiality: The three members of my thesis committee will have access to participants' responses. Names will not be used in my thesis project (in the context of selected quotes or in any other way) and neither will identifying information. All information will be stored in a secure location and destroyed at the conclusion of the research process

Getting a copy of the thesis: A copy of the thesis will be made available to each of the four participants.

Data storage: The researcher will store the interview tapes, transcriptions, and consent forms in a locked cabinet. All data will be destroyed following 6 months of my defense.

How to get in touch: If you have any questions about the study, please feel free to contact the researcher or her supervisor at the numbers provided above. If you have any concerns about the study, please contact the Office of Research and Graduate Studies at the University of Northern British Columbia (250) 960-5820.

PART 2 INFORMED CONSENT

1. I understand that this study involves an examination of and written thesis about how social workers that have adopted a structural perspective understand the meaning of structural social work and how that meaning has shaped his/her practice. In particular this study is exploring how structural social workers who identify as having privilege and are white, middle to upper class, heterosexual, and able-bodied understand the meaning of structural social work and how that meaning has shaped his/her practice.

yes no

2. I have read and received a copy of the attached information sheet

yes no

3. I understand the benefits and risks involved in participation in this study

yes no

4. I understand that by agreeing to participate I am agreeing to take part in a maximum of three 2-hour interviews and that the interviews will be tape recorded.

yes no

5. I understand that if I am uncomfortable with answering a question I can have the tape recorder turned off and not answer the question.

yes no

6. I understand that my participation in this study is completely voluntary. If I agree to participate in the study; I understand that I can withdraw at any time.

yes no

7. I understand that Brenda Lewis may use the information from the interviews in her thesis project report, presentations, and publications. This may include the use of quotations from my interview for publications provided I am not named.

yes no

8. I understand that I will be given transcripts of my interviews to review and can give any clarifications as necessary.

yes no

9. I have had confidentiality and anonymity explained to me and I understand that while every attempt will be made to protect my identity some particulars may be familiar to someone who knows me.

yes no

I agree to participate in this study as explained above.

Signature of the Participant

Date _____

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate

Signature of the Researcher

Date _____

THANK YOU FOR YOUR CONTRIBUTION

Appendix C Themes and Thematic Statements

Subject	Themes	Thematic Statements
Style of Practice	Family Focused	Focused on Family
		Utilizing strength of families
		Mix of family focused and community based
		Family focused means doing the least amount of harm to children
		Welfare of the children belongs to the family
		An approach where you are facilitating the family owning the problem
	Community Centered	Community focused is family focused because the community IS the family
		Utilize community in protecting kids and supporting families
Values	Respect	Ethical practice respects clients
		Respect of families
		Empowering families by respecting their home
		Value family and see them as a resource
		Show respect for the family or they will never show respect for you as a social worker
	Cultural Diversity	Culturally sensitive practice
		Value diversity
		Knowledge of culture helps
		Recognize own inherent bigotry
		Put aside your own beliefs and come at the problem from their perspective
		See culture as valuable in solving a problem
		Understanding culture as another piece of the puzzle
	Community Strength	Know community standards
		See whole community as extended family
		Apprehension is the last resort
		Customary arrangement is the best solution of care

Subject	Themes	Thematic Statements
Skills	Good negotiation skills	Need the ability to stay calm in the heat of the moment
		Give people all the choices you can, even though you are in charge
		There is more than one way to get to the same goal
		An ability to let go control of a situation
	An ability to engage people	Be humble and learn from the community members
Beliefs		Be cautious until you know enough about the community and its culture to cope
		See the family – every family – has strengths
		Be realistic in your expectations
		Look for small gains
		Work to always build relationships with families
	Ability to take risk	Experience lets you feel more confident
		Fear drives social workers to court
		You take a bigger risk and run the chance of more going wrong in family focused work
		Risk family returning child to home you took them from
	Strength based practice	You need to empower families
Training		Families can be resources for children
		Working with families can be done from a holistic approach
		Believe that you, the community and the parents are a team providing safety for kids
		Before taking kids into care, every option is exhausted
		View family issues in a broader perspective than just the narrow child protection focus
		Every family has SOME strength
	Education	Northern social work at UNBC
		Cognitive behavioral modification courses at university
		Solution focused therapy courses at university
	Training on the job	Child protection core training helped me assess families better
		The community taught me
		Training in tools like Voluntary Care Agreements, Risk Assessment, Special Needs Agreements helped me

Subject	Themes	Thematic Statements
Leadership	Shared values with worker	If the supervisor thinks differently from the team, the work will be HIS/HER way
		The front end people must keep teaching the supervisor
		You can't have a strict hierarchical relationship or supervisors don't learn
		We developed an office mission statement
		Offices need to sit and talk about team values. Define them and make a clear statement "This is the way we will practice". Supervisors need to initiate this.
	Confidence	Supervisors who are fear based end up in court a lot
		If I feel worried about a case, the court process must makes ME feel better. It may not protect that child any better, but I feel more reassured
	Empowering	Supervisors need relationships with workers that add, empower, and enhance the supervisors skills
		If I empower workers, then the next time, I don't need to have the same discussion. They sort it out on their own
		Empower social workers to make their own decisions, do their own work and resolve their own problems with families and co-workers
		Be a buffer between management and front line staff to create long term staff